

2761A
2161

2002 FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 330)

Complete If Known	
Application Number	09/575,249
Filing Date	May 19, 2000
First Named Inventor	Connie D. Myers
Examiner Name	
Group Art Unit	2761
Attorney Docket No.	680047.404

METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																															
<input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> </tbody> </table>				Large Entity		Small Entity		Fee Code	Fee (\$)	Fee Code	Fee (\$)	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	400	216	200	117	920	217	460	118	1,440	218	720	128	1,960	228	980	119	320	219	160	120	320	220	160	121	280	221	140	138	1,510	138	1,510	140	110	240	55	141	1,280	241	640	142	1,280	242	640	143	460	243	230	144	620	244	310	122	130	122	130	123	50	123	50	126	180	126	180	581	40	581	40	146	740	246	370	149	740	249	370	179	740	279	370	169	900	169	900	Other fee (specify) _____			
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The Commissioner is authorized to (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any deficiencies																																																																																																																																			
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** or number previously paid, if greater; For Reissues, see above																																																																																																																																			

SUBMITTED BY			
Name (Print/Type)	Dale R. Cook	Registration No. Attorney/Agent)	42,434
Firm Name/ Address			
Signature		Date	April 16, 2002

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00500

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**TRANSMITTAL
FORM**

(To be used for all correspondence
after initial filing)

TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i>	Application Number	09/575,249
	Filing Date	May 19, 2000
	First Named Inventor	Connie D. Myers
	Group Art Unit	2761
	Examiner Name	
	Attorney Docket No.	680047.404

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ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449
<input type="checkbox"/> Cited References
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53
<input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Assignment Papers (for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Request for Corrected Filing Receipt
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address
<input type="checkbox"/> Declaration
<input type="checkbox"/> Statement under 37 CFR 3.73(b)
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Request for Refund | <input type="checkbox"/> CD(s), Number of CD(s) _____
<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Additional Enclosure(s) (please identify below): |
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Remarks

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Dale R. Cook	 00500 <small>PATENT TRADEMARK OFFICE</small>
Signature		
Date	April 16, 2002	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date specified below.

Typed or printed name	Laura C. Shockey	
Signature		Date: April 16, 2002